

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013615

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 1030

VS 300  
Rev. 4/5914002  
240102

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

FILED APR 16 1962

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ClaytonLength of stay in 1b  
D. O. A.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Louis County Hosp.Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Berkeley

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
8839 Radian Ave.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First Arthur

Middle F.

Last Norris Sr.

4. DATE OF DEATH

Month March Day 28, Year 1962

5. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
7-1-959. AGE (last birthday)  
66IF UNDER 1 YEAR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired Carpenter10b. KIND OF BUSINESS OR INDUSTRY  
Building11. BIRTHPLACE (City and state or country)  
Sargent, Mo.12. CITIZEN OF WHAT COUNTRY  
U. S.

13a. FATHER'S NAME

James H. Norris

13b. MOTHER'S MAIDEN NAME

Susan Hopper

14. NAME OF HUSBAND OR WIFE

Bessie C. Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Bessie C. Norris, Berkeley, Mo.18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral trauma from gunshot wound

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Self inflicted gunshot wound of head

20c. TIME OF INJURY  
Hour 8:00 a.m. Month, Day, Year 3/28/6220d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
sunporch (home)20f. CITY, TOWN, OR LOCATION COUNTY STATE  
Berkeley St. Louis Missouri21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Clayton, Mo.

22c. DATE SIGNED

4/4/62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial23b. DATE  
4-2-6223c. NAME OF CEMETERY OR CREMATORY  
Memorial Park Cemetery23d. LOCATION (City, town, or county) (State)  
Normandy, Mo.

24. FUNERAL DIRECTOR

ADDRESS

White-Mullen Mortuary, Ferguson, Mo.

25. DATE RECD. BY LOCAL REG.

3-30-62

26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Reinhold K. Lohrmann

Licensed Embalmer No. 3395

P. O. Address St. Louis 35 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.